Australian STI Management Guidelines for Use in Primary Care

Men who have sex with men

Overview

- This guideline is intended for all men who have sex with men, including trans men who have sex with other men.
- Most STIs in men who have sex with men are asymptomatic. The main barriers to STI control are insufficient frequency of testing and incomplete testing in asymptomatic patients. Testing should be performed at all three sites (swab of oropharynx and anorectum, and first pass urine), and syphilis serology should be performed every time human immunodeficiency virus (HIV) test or HIV treatment monitoring is performed.
- Pre-exposure prophylaxis (PrEP) effectively prevents HIV infection. All patients who are eligible under the Australian guidelines should be actively offered PrEP.
- Undetectable equals untransmittable: people who take antiretroviral therapy for HIV daily as prescribed, and who achieve and maintain an undetectable viral load, cannot sexually transmit the virus to an HIV-negative partner.
- Men who have sex with men may be cis or transgender.
- A global outbreak of Monkeypox (mpox) virus started in 2022 and mpox infection has almost exclusively been diagnosed among men who have sex with men, transmitted through sexual contact and other similarly close contact. Please visit the Monkeypox (mpox) page for more information.

Testing advice

- **3-monthly testing for STIs is recommended in all men who have had any type of sex with another man in the previous 3 months.**
- HIV self-testing is also available

- Patients who are not sexually active or in a monogamous relationship may be tested less frequently, but at least annually.

Site/Specimen	Test	Consideration
Oropharyngeal swab	NAAT/PCR gonorrhoea/chlamydia NAAT/PCR gonorrhoea/chlamydia NAAT/PCR gonorrhoea/chlamydia	Self -collected
First pass urine		Self-collected
Anorectal swab		Self-collected
Blood	HIV antibody/antigen	If not HIV positive
Blood	Syphilis serology	
Blood	Hepatitis C	Test once a year in people living with HIV, on PrEP or with history of injecting drug use.
Blood	Hepatitis A antibody	Test if not vaccinated. Vaccinate if antibody negative.
Blood	Hepatitis B Surface antigen (HBsAg) Core antibody (Anti-HBc) Surface antibody (Anti-HBs)	Test if not vaccinated. Vaccinate if no history or no documentation of full vaccination course. Consider offering first immunisation when checking serology.

NAAT – nucleic acid amplification test

PCR = polymerase chain reaction

Specimen collection guidance

Clinician collected | Self-collection

Screening for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* should be by NAAT/PCR. Confirmation of positive *N. gonorrhoeae* result by culture is not necessary for diagnosis and should not delay treatment, but to assist surveillance for antimicrobial resistance, gonorrhoea culture should be collected before administering antibiotics.

All men who have sex with men living with HIV should be tested for STIs 3 monthly, including a blood test for syphilis (even if they are only having 6-monthly viral load monitoring) unless they are not sexually active or are at very low risk.

HCV testing should be performed as part of STI testing in people living with HIV, current HIV PrEP use, history of injecting drug use, anal sex with a partner with hepatitis C virus (HCV) infection, incarceration, non-professional tattoos or body piercings or receipt of organs or blood products before 1990.

Infections for which testing is not recommended

Lymphogranuloma venereum: asymptomatic testing not recommended. See ano-rectal syndromes for testing patients with proctitis.

Herpes simplex virus: serology is not recommended in any group due to unclear benefit and difficult interpretation of results.

Mycoplasma genitalium testing in asymptomatic men who have sex with men is not recommended because the benefits of screening have not been established. Testing recommendation in symptomatic men who have sex with men or contacts of infection can be found at mycoplasma genitalium.

Trichomonas vaginalis**:** asymptomatic testing is not recommended.

Human papillomavirus (HPV) testing in asymptomatic men who have sex with men is not recommended because the benefits of screening and optimal screening technology have not been established. However, an annual digital anorectal examination for HIV-positive men who have sex with men older than 50 years is advised to detect early HPV-related anal cancers.

For trans men who have sex with men with a cervix, cervical screening tests are recommended in accordance with the National Cervical Screening guidelines. Self collected swabs may be an option for eligible people.

Follow Up

PrEP

PrEP is highly effective in preventing HIV infection and should be actively offered to any person at risk. All patients taking PrEP or eligible for it should be tested 3 monthly, including STIs and renal function, in accordance with Australian PrEP guidelines.

Repeat testing

Patients with any positive STI test should be tested every 3 months to detect re-infection and because they may be at ongoing risk of other STIs.

Even if all test results are negative, use the opportunity to:

- Educate about condom use, contraception, HIV PrEP/PEP, safe injecting practices, consent, CST and vaccinations for HAV, HBV and HPV as indicated.
- Vaccinate for hepatitis A and B, if susceptible.
- Discuss PrEP.
- Consider vaccination for HPV, depending on age and number of sexual partners.
- Discuss drug use and harm reduction.
- Screening should be normalised, routine and integrated into primary care and preventive care, including discussing and activating clinical and personal reminders.

Auditable Outcomes

- 90% of men who have sex with men are tested according to these guidelines

Resources

- ASHM Sexual History Taking Video resource catalogue – Gay men and other men who have sex with men

Endorsement: These guidelines have been endorsed by the Blood Borne Viruses and Sexually Transmitted Infections Standing Committee (BBVSS).

Developed by: the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) ABN 48 264 545 457 | CFN 17788

Funded by: The Australian Government Department of Health